


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 17, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # A29478 1. Entity Name B & D INVESTMENTS GROUP, LTD. |  |
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|--|--|
| Principal Place of Business 17760 NW 2ND AVENUE SUITE 200 MIAMI, FL 33169 | Mailing Address % LIFTER ENTERPRISES PO BOX 694645 MIAMI, FL 33269-1645 |
|--|--|



01052006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-1346262 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|
| 5. Name and Address of Current Registered Agent LIFTER, BENNETT M. 17760 NW 2ND AVE SUITE 200 MIAMI, FL 33169 |
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | |
|---------------------------------|--------------------------|
| DOCUMENT # | |
| NAME | LIFTER, BENNETT M |
| STREET ADDRESS | 17760 NW 2ND AVENUE #200 |
| CITY-ST-ZIP | MIAMI, FL 33169 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
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| CITY-ST-ZIP | |

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**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the Exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/13/06 3056525500
Date Daytime Phone #